



Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

April 8, 2015

Ms. Barbara Liberty, Administrator  
Cathedral Square Senior Living  
3 Cathedral Square  
Burlington, VT 05401-4429

Dear Ms. Liberty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 18, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN  
Licensing Chief

RECEIVED  
Division of

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	APR 15 Division of Licensing and Protection	(X3) DATE SURVEY COMPLETED  03/18/2015
NAME OF PROVIDER OR SUPPLIER  CATHEDRAL SQUARE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  3 CATHEDRAL SQUARE BURLINGTON, VT 05401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite investigation of an entity self-report, as well as a re-licensing survey, were completed from 3/17/15 through 3/18/15. Based on information gathered, there were no regulatory violations related to the entity report. The re-licensing survey resulted in the following regulatory citation.	R100		
R136	V. RESIDENT CARE AND HOME SERVICES SS=D  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.   This REQUIREMENT is not met as evidenced by: Based on record review, observation and interviews, the facility failed to complete a timely reassessment for annual or significant change in condition for 1 of 6 residents in the applicable sample (Resident #5). Findings include:  1. During record review for Resident #5, the most recent comprehensive assessment using the tool required by the State Licensing Agency was completed 1/9/14. At the time of the 1/9/14 assessment, Resident #5 required one extensive staff assist to transfer and could ambulate using a 4 wheel walker. During interview on 3/18/15 at 9:15 AM, the Registered Nurse (RN) confirmed that there had not been an annual reassessment or significant change in condition reassessment using the tool since 1/9/14. By RN interview at	R136		
<p style="text-align: right;"><i>Please see attached document for POC response (JL)</i></p>				

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6699

GKDF11

If continuation sheet 1 of 2

Barbara C. Huber, RN BSN

3/31/14 RN Supervisor CSAC

R136 POC accepted 4/1/15  
JL, RN, PM

## Division of Licensing and Protection

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R136	Continued From page 1  that time, Resident #5 had ceased to ambulate during the summer of 2014, and is currently receiving support of two staff using a sit-to-stand mechanical lift for all transfers. At 10:10 AM the surveyor observed two staff correctly completing a transfer of Resident #5 using the mechanical lift, and further confirmed by resident interview that s/he cannot ambulate and requires the support of two staff for transfers. There was substantial evidence that the needs of Resident #5 are being met and that the RN and staff are knowledgeable of the current plan of care.	R136		

3/31/14 Barbara (Shanley, RN, BSN  
RN Supervisor (SAC)

## **Plan of Correction**

R136 SS=D V. Resident Care and Home Services

### **5.7 Assessment**

**5.7c.** Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental status.

**Immediate Action:** Resident #5's assessment and care plan were updated to reflect the changes in her condition and mobility including her inability to ambulate, her need for 2 staff and a mechanical lift for every transfer, and her need for at least one person to assist with mobility while in the wheel chair. This assessment has been updated and implemented as of 3/18/2015.

**Systemic change:** Starting immediately, all resident assessments and nursing care plans will be updated annually on the anniversary date of the resident's admission to this facility; when there is a documented change in the resident's physical or mental ability; and upon readmission to the facility from any external health care facility.

The RN Supervisor will create a list of due dates for the individual resident annual assessment based on the original admission date to the facility. Ticklers will be set within the electronic calendar to notify the RN of the monthly assessments due. The documentation of any significant change in the resident mental or physical ability and/or a readmission from an external health care facility will initiate the process to update the assessment regardless of anniversary date.

**Plan for monitoring:** A monthly audit system will be put in place to ensure all assessments due in the month have been updated and appropriate changes implemented via the updated care plan. The process will be monitored by an RN within the organization to ensure all reassessments are completed on time as scheduled.